AO//- 29 - A 27676 AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [\sqrt{1} IXC [] CLEC [] ILEC [] Wireless

CI.	CERTIFICATED COMPA	NY INFORMATION	
<u>Uslarrier</u> T	elecon LLC		
Company Name			
DI (f)		478.	892-3300
Dba/fka	was a sall All	Telephone #	,
Mailing Address	WETCTEER PRWI	1 376 45	0
A+10	wercreek PKwi unta GA 3	0339	
City, State, Zip Code	Same		
	Same	MANUAL .	
Business Location		Cobb	
City, State, Zip Code			
Oity, State, Zip Code		County	
	REGISTERED AGENT	INFORMATION	
Registered Agent:	*****		
Mailing Addross:			
Mailing Address.			
City, State, Zip Code:	App males		
D			
Pursuant to the Commis	ssion's rules and regulations, print	t or type company contact	for the following areas:
A			
General Manager (Includ	de address if different than above.)		
Telephone Number	I Facsimile Number	E-mail Address	-
·	i acalitine ivuitibei	E-mail Address	
B. Customer Relations /Co	mplaints Representative (Include add	lress if different than above)	
	•	,	
Telephone Number	/ / // Facsimile Number	E-mail Address	
C1.			
	nplaints Representative for Escalated	Complaints (Include addre	ss if different than above.)
T-lankana Misaka			
Telephone Number	Facsimile Number	E-mail Address	
C2. Customer Contact (Toll I	Free Number)		11) III (10 10 11 11 11 11 11 11 11 11 11 11 11
D.			المرابع المحادات
	(Include address if different than above	e.)	JAN 1 8 2011
	1 1		AWIN T & CALL
Telephone Number	Facsimile Number	E-mail Address	CLERK'S OFFICE
E. Tost and Panair (Include	addraga if different these shows V	· · · · · · · · · · · · · · · · · · ·	
restand Repair (INCIUGE	e address if different than above.)		
Telephone Number	Facsimile Number	E-mail Address	· · · · · · · · · · · · · · · · · · ·

Γ,	Emergencies (During non-o	ffice hours)			
	· · ·	1	1		
	Telephone Number	Facsimile Number	E-m	nail Address	
In add	lition, please provide the follow	ving company contact informa	ion to assist i	n proper routing of correspo	ndence and invoices
G.					
	Regulatory Officer (Inclu	de address if different than above	e.)		
	Telephone Number	/ Facsimile Number	<u>/</u>	nail Address	
H.	reiephone Number	i acsimile (varibe)	Ç-11	iaii Audi ess	
	Dual Party Mailings (Name)			
	Mailing Address	1	,		
	Telephone Number	Facsimile Number	E-m	ail Address	
i.	Interim LEC Fund Mailings	(Name)			
	Mailing Address				
	Telephone Number	Facsimile Number	E-m	ail Address	
J.	Universal Service Fund Mai	lings (Name)			
	Mailing Address	1	1		
	Telephone Number Shery 1	Facsimile Number Kilgore - Cor	E-m	nail Address	
K.	Gross Receipts Mailings (I	Name)	17/0/16	ſ	
	Mailing Address	16788922201	ı SK	ilgorea usca	rier, com
	Telephone Number	Facsimile Number	E-m	nail Address	
	Lifeline Mailings (Name)				
	Mailing Address	1	1		. , , , , , , , , , , , , , , , , , , ,
	Telephone Number	Facsimile Number	E-m	ail Address	
	Joyce /4	oward		Torce Hour	ard
	This form was completed by	(print name)	0	Signature	
	Staff Cl Title	(C)		Date	
	RETURN COMPLETED FOR	M TO:			
	Public Service Control Color C	er 11649	Attn: Je: 1401 Ma	Regulatory Staff anne Gordon in Street, Suite 900 a, South Carolina 29201	(Rev. PSC 11/2010

(Rev. PSC 11/2010)